

FILED JAN 20 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42339

State File No. _____

Registration District No. 465Primary Registration District No. 4278Registrar's No. 17

1. PLACE OF DEATH:

- (a) County Lafayette
 (b) City or town Waverly
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: /

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community over 75 yrs.
 years, months or days)

8. (a) PRINT FULL NAME Eliza Helen Bristow

8. (b) If veteran, _____ 8. (c) Social Security
 name war _____ No. _____

4. Sex Fem. 5. Color or race Wht. 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife Wm. Bristow 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Dec. 20th. 18 52
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
89 0 7 _____ hr. _____ min.

9. Birthplace Ind.
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

- MOTHER FATHER { 12. Name Adam Wright
 13. Birthplace Ind.
 (City, town, or county) (State or foreign country)
 14. Maiden name Wysong
 15. Birthplace 9
 (City, town, or county) (State or foreign country)

16. (a) Informant John Bristow
 (b) Address Waverly, Mo.

17. (a) Burial (b) Date thereof Dec. 28-1941
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Malta Bend, Mo.

18. (a) Signature of funeral director Willis Marshall
 (b) Address Carrollton Mo

19. (a) Dec. 27-1941 (b) Clayton N. Landrum
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Lafayette
 (c) City or town Waverly
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) 0
 (e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27th.
 year 1941 hour 12 minute 30 AM.

21. I hereby certify that I attended the deceased from Dec. 5, 19 41, to Dec. 27, 19 41,
 that I last saw her alive on Dec. 26, 19 41,
 and that death occurred on the date and hour stated above.

- Immediate cause of death Broncho-pneumonia Duration 3 days

- Due to _____
 Due to _____

- Other conditions Fracture left hip 12/5/41
 (Include pregnancy within 3 months of death)

- PHYSICIAN
 Major findings: no operation
 Of operations _____
 Of autopsy no autopsy
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence 12/5/41
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? /

- While at work _____ (Specify type of place) (e) Means of injury OV
 23. Signature Geo. A. Kellings M. D. (M. D. or other) M. D.
 Address Waverly, Mo. Date signed 12/27/41

RECEIVED

• District Health Officer No. 8,

District File Number

Date Filed 1-16-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **42339**
Registrar's No.

Registration District No. **465**

Primary Registration District No. **4278**

1. PLACE OF DEATH

- (a) County **Lafayette**
(b) City or town **Waverly**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
In this community _____

3. (a) PRINT FULL NAME

Eliza H. Bristow

3. (b) If veteran,

name war _____

3. (c) Social Security

No. _____

4. Sex

F

5. Color or race **W**

6. (a) Single, widowed, married, divorced **W**

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased

Dec 20 1853
(Month) (Day) (Year)

8. AGE:

89

Years

Months

Days

If less than one day

min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

(Date received local registrar)

(b)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** year **1941** hour **12** minute **25 A.M.**

21. I hereby certify that I attended the deceased from **Dec 27** 19**41** that I have seen him alive on **Dec 26** 19**41** and that death occurred on the date and hour stated above.
Immediate cause of death **Broncho-pneumonia** Duration **3 days**

Fracture Hip (L.) 12-5-41
Due to **Fall in home 12-5-41**
Due to _____

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations **no operation 1862**

Of autopsy **no autopsy**

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) **accident**
(b) Date of occurrence **12-5-41**
(c) Where did injury occur? **Waverly, Lafayette, Mo**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
home

While at work? **work** (Specify type of place)
(c) Means of injury **fall**

23. Signature **Geo. A. Telling** (M. D. or other) **MD**

Address **Waverly, Mo.** Date signed **1/31/42**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

